

OPERATING PROCEDURE

HYPOTENSION

Effective Date: Revised:

November 1, 1986 October 1, 2000

Approved By:

Approved By Operational Medical Director:

Mal Frake

BLS

- 1. Perform initial patient assessment and obtain pertinent medical history
- 2. Establish and maintain a patent airway, administer OXYGEN, and provide ventilatory assistance as required
- 3. Lay patient supine unless contraindicated by severe respiratory distress. Treat for shock.

ALS ONLY

- 4. Connect patient to cardiac monitor and document rhythm strip. Treat life-threatening dysrythmias according to appropriate protocol
- 5. Establish an IV of 0.9% Sodium Chloride, administer a fluid bolus, and continue to fluid resuscitate as required to maintain an acceptable blood pressure. A second IV may be established as needed, but transport should not be delayed to accomplish this. This shall be carried out with caution in patients with CAD. Monitor patient carefully for signs/symptoms of fluid overload.

MEDICAL CONTROL ONLY

- 6. If hypovolemia can be safely ruled out, administer DOPAMINE as follows:
 - □ Dilution: 400 mg in 250 cc Normal Saline.
 - □ <u>Dosage:</u> <u>5-20 mcg/kg/minute titrated to desired effect and patient response.</u>
- 7. Administer other medications or intervention as ordered by on-line medical control.